

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE	
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1					51				
2						52				
3						53				
4						54				
5						55				
6						56				
7						57				
8						58				
9	1					59	1			
10						60				
11						61				
12						62	1			
13						63				
14						64				
15						65	1			
16						66				
17	1					67				
18						68				
19						69				
20						70				
21						71				
22						72				
23						73				
24						74				
25						75				
26						76				
27						77	1			
28						78				
29						79				
30						80				
31						81				
32						82				
33						83				
34						84				
35						85				
36	1					86				
37						87				
38						88				
39	1					89				
40						90				
41						91				
42						92				
43						93				
44						94				
45	1					95				
46						96				
47						97				
48						98				
49						99				
50						100				
TOTAL IND.						TOTAL IND.	10			
TOTAL DEP.						TOTAL DEP.	71			
TOTAL CLAIMS						TOTAL CLAIMS	81			